

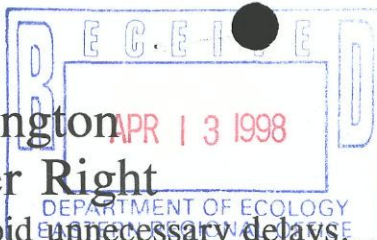


State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

1/19/99 Resubmitted for formal processing.



For Ecology Use

Fee Paid \$24.00

Date 4-13-98

OK #18354 OK

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Whitworth Water District No. 2 Home Tel: () -
Mailing Address North 10828 Waikiki Road Work Tel: (509) 466 - 0550
City Spokane State WA Zip+4 99218 + FAX: (509) 467 - 1830

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Susan Eldore Home Tel: () -
Mailing Address Same as above Work Tel: (509) 466 - 0550
City State Zip+4 + FAX: (509) 467 - 1830
Relationship to applicant Water District Manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 5,000 gpm (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic/Public Supply. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Provide Domestic/Public supply to area served by Whitworth Water Dist. No. 2. Estimate a maximum annual quantity to be used in acre-feet per year: 2,500 Ac.Ft.

CONTINUOUS MUNICIPAL SUPPLY

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From / / to / /

Section 4. WATER SOURCE

| If SURFACE WATER | If GROUNDWATER |
|--|---|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | A permit is desired for One (1) well(s). |
| Number of diversions: | |
| Source flows into (name of body of water): | Size & depth of well(s): 24" Diameter x 200 Feet |

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: +/- 2,600' South, +/- 850' East of NE Corner, Section 32, T 27 N, R 43 EWM.

| 1/4 of | 1/4 of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|------------------------------|--------|---------|----------|------------|---------|---|-------|-------------|
| | | | | | | Lot | Block | Subdivision |
| SE 1/4 | NE 1/4 | 32 | T 27 N | R 43 E | Spokane | | | |
| OR the NE 1/4 SE 1/4 8-31-05 | | | | | | | | |

For Ecology Use Date Received: APRIL 13, 1998 Priority Date: 4/13/1998

SEPA Exempt/Not Exempt

FERC License #

Dept. Of Health #

Date Accepted As Complete

By

Date Returned

By

WRIA: 55

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Whitworth Water District No. 2
- B. Briefly describe your proposed water system. (See instructions.)
Well pump will pump directly into District transmission main on Little Spokane River Drive and serve our Systems 8 and 9. We anticipate needing about a 200 HP pump motor to pump 5,000 GPM.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. Water Rights Status Table attached.
We wish to transfer rights from Certificate Record No. 6, Page No. 2871-A (attached)

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 3,400 Type of connection Homes, apartments, commercial
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO
If yes, when was it approved? 1993 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
Water System Plan update should be completed and approved by June 1, 1998 and will include a Conservation Plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Spokane go north on Division (US 395) to Wandermere exit and proceed upstream on Little Spokane River Drive to Columbus Street. Well site is vacant property on northeast corner of Little Spokane River Drive and Columbus Street.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Partial USGS map is attached.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Water will be used for the area served by the Whitworth Water District No. 2.

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Susan Eldore, Manager, Whitworth Water District
Applicant (or authorized representative)

April 8, 1998
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

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| | |
|------------------|---|
| SEPA | THIS APPLICATION IS NOT EXEMPT |
| LEAD AGENCY | _____ |
| _____ / / | Completed Checklist Received |
| _____ / / | Determination of Nonsignificance Issued |
| _____ / / | Determination of Significance Issued |
| DRAFT EIS ISSUED | _____ / / |
| FINAL EIS ISSUED | _____ / / |

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

| | |
|--|--|
| We are returning your application for the following reason(s): | |
| ____ Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
| ____ Section number(s) _____ is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: <i>Explanation of WRIA 55 - Little Spokane Basin River Watershed management specs.</i> | |
| Please provide the additional information requested above and return your application by _____ (date). | |

*If you wish to resubmit this application for formal processing,
please return this entire packet by January 25, 1999*

Ecology staff

Erin M. Kugler

Date

Dec. 24, 1998

*OK
Returned for
Formal processing
1/19/1999
LK*

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To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).